

# **EXHIBIT 2**



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**BARBARA K. CEGAUSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

# Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegauske</i> Barbara K. Cegauske Secretary of State State of Nevada	Document Number <b>20180092997-67</b> Filing Date and Time <b>02/28/2018 9:32 AM</b> Entity Number <b>E0102172018-6</b>
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(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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**1. Name of Limited-Liability Company:**  
 (must contain approved limited-liability company wording; see instructions)

SMASH TECHNOLOGY, LLC

Check box if a Series Limited-Liability Company	Check box if a Restricted Limited-Liability Company
<input type="checkbox"/>	<input type="checkbox"/>

**2. Registered Agent for Service of Process:** (check only one box)

<input checked="" type="checkbox"/> Commercial Registered Agent:	P STERLING KERR Name		
<input type="checkbox"/> Noncommercial Registered Agent (name and address below)	OR	<input type="checkbox"/> Office or Position with Entity (name and address below)	
Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity			
Street Address		City	Nevada Zip Code
Mailing Address (if different from street address)		City	Nevada Zip Code

**3. Dissolution Date:** (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

**4. Management:** (required)

Company shall be managed by: ☒ Manager(s) OR ☐ Member(s)  
 (check only one box)

**5. Name and Address of each Manager or Managing Member:** (attach additional page if more than 3)

1)	MICHAEL ALEXANDER Name		
	2450 ST ROSE PKWY STE 120 Street Address	HENDERSON City	NV 89074 State Zip Code
2)	Name		
	Street Address	City	State Zip Code
3)	Name		
	Street Address	City	State Zip Code

**6. Name, Address and Signature of Organizer:** (attach additional page if more than 1 organizer)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.			
MICHAEL ALEXANDER Name		X MICHAEL ALEXANDER Organizer Signature	
2450 ST ROSE PKWY STE 120 Address		HENDERSON NV 89074 City State Zip Code	

**7. Certificate of Acceptance of Appointment of Registered Agent:**

I hereby accept appointment as Registered Agent for the above named Entity.	
X P STERLING KERR Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity	2/28/2018 Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles  
 Revised: 10-1-15

# INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

SMASH TECHNOLOGY, LLC

E0102172018-6

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF FEB, 2018 TO FEB, 2019



\*100403\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\*
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20180092999-89</b>
	Filing Date and Time <b>02/28/2018 9:32 AM</b>
	Entity Number <b>E0102172018-6</b>

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ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**
☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:
NRS 76.020 Exemption Codes

001 - Governmental Entity  
 006 - NRS 680B.020 Insurance Co.

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME MICHAEL ALEXANDER		MANAGER OR MANAGING MEMBER	
ADDRESS 2450 ST ROSE PKWY STE 120	CITY HENDERSON	STATE NV	ZIP CODE 89074
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME		MANAGER OR MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X MICHAEL ALEXANDER

Title

MANAGER

Date

2/28/2018 9:32:14 AM

Signature of Manager, Managing Member or  
 Other Authorized Signature

# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **SMASH TECHNOLOGY, LLC** did on February 28, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20180228-0973  
You may verify this certificate  
online at <http://www.nvsos.gov/>

SECRETARY OF STATE



# NEVADA STATE BUSINESS LICENSE

**SMASH TECHNOLOGY, LLC**

Nevada Business Identification # NV20181146412

**Expiration Date: February 28, 2019**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2018

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

***You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.***

**License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.**